

Confirmation of In-Trust-For (ITF) Arrangement

The Sun Life Prosperity Funds, referred to as "Funds," are all managed and distributed by Sun Life Asset Management Company, Inc. (SLAMCI), a member of the Sun Life Financial group of companies.

In this form, *you* and *your* refer to the investor/company's authorized signatory, while *we*, *us*, *our*, and the *Company* refer to SLAMCI.

Purpose of the Form:

This document is a confirmation by the investor that he/she is fully authorized by law or by agreement to open and manage a SLAMCI mutual fund account for the benefit of the minor beneficiary. If authority is granted by an agreement, this document summarizes the provisions of the written trust agreement between the Trustee and/or Beneficiary or, the oral agreement between the same parties. SLAMCI strongly recommends that the investor obtains independent legal and tax advice before making the investment.

IMPORTANT NOTES:

You must accomplish and submit the completed form, copy of birth certificate, or a copy of valid ID (with birth date) of the minor through any of our Client Service Centers or our email at RequestSLAMCI@sunlife.com. For inquiries, please send an email to sunlink@sunlife.com.

Please write legibly by using capital letters. Write N/A if question is not applicable. Mark the box(es) with an "X" to indicate your choice(s) then sign the form only when completely filled out.

A General Information

1. Name of Investor /Trustee			
Last Name			
First Name		M.I.	

B Minor's Information

2. Name of Minor			
Last Name			
First Name			
Middle Name			
3. Relationship to Investor	4. Permanent Home Address [No., Street, Village/Subdivision, Barangay, City/Municipality, Province/State, Country (P.O Box is not acceptable)]		
5. Telephone Number (country code, area code, & tel. no., e.g. +6325558888)	6. Birthdate	Day	Month
+	(e.g. 08-AUG-2008)	—	—
		Year	

C Declarations

The Investor/Trustee hereby confirms to SLAMCI that:

- a. The investor/trustee has full authority to manage the account such as to invest, redeem, and perform other incidental acts. The investor/trustee will hold SLAMCI and the Funds free from any liability that arise out of his/her actions.
- b. The Trust is IRREVOCABLE. The investment may have tax and legal implications on the trustor and/or the minor.
- c. Joint accounts require the signature of the other investor(s) for investments and redemption. In the event of one of the investor's/trustee's demise, a death certificate must be submitted to update the ITF account.
- d. A new investor/trustee will be appointed in accordance with law in the event of the original investor's/trustee's demise.
- e. The account shall be terminated and transferred to the name of the minor upon presentation of a Philippine Statistics Authority (PSA) Birth Certificate and one (1) valid ID that the latter attained the age of majority.

Compliance with Data Privacy Act of 2012 (Republic Act No. 10173)

You acknowledge that SLAMCI, its employees, duly authorized representatives, related companies, third party service providers, and vendors shall process and share your information with any person or organization to (i) service this account, (ii) process transactions and enforce this contract, and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under privacy laws and regulations.

Your personal data shall be retained throughout the existence of your account(s) and/or until expiration of the retention limit set by laws and regulations from account closure and the period set for destruction or disposal of records. You certify that you have read, understood, and agreed with the declarations and authorizations above, including Sun Life's privacy policy found in <https://apps.sunlife.com.ph/privacy>.

7. Printed Name and Signature of Investor/Trustee	8. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
		—	—	
9. Printed Name and Signature of Co-Investor/Trustee	10. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
		—	—	
11. Printed Name and Signature of MF Representative	12. Date of Signing (e.g. 08-AUG-2008)	Day	Month	Year
		—	—	

13. Would you like to receive personalized communications and product offers from SLAMCI, Sun Life of Canada (Philippines), Inc. (SLOCPI)?
 Yes No

For Office Use Only

14. Date Received	15. Time Received	16. Receiving Department/Office
17. Remarks		

